



Marist College

PPO Plan

PPO Plan as administered by MVP Select Care, Inc.
Schedule of Benefits effective 01/01/08

SERVICE CATEGORY	IN-NETWORK	OUT-OF-NETWORK
Plan Year Deductible	Not Applicable	\$250 Individual \$500 Employee + 1 \$750 Family
Plan Year Out-of-Pocket Maximum (excludes Copayments and includes Deductible)	Not Applicable	\$750 per Individual per plan year \$1,500 per Employee + 1 \$2,250 per Family per plan year
Lifetime Maximum Annual Maximum	Unlimited (Exception of Infertility max of \$25,000) \$1,000,000	
Hospital / Physician Services		
Hospital Inpatient (<u>must be precertified</u>)	\$100 per confinement	\$100 Copayment then 80% after deductible
Hospital Inpatient Maternity	\$100 per confinement	\$100 Copayment then 80% after deductible
Outpatient Surgery	\$50 copayment	80% after deductible
Physician Office Visits Second Surgical Opinion (Optional) Well Care, Adult Physicals (\$300 cal yr max) Well Woman Care (exam)(\$300 cal yr max) Diagnostic Lab & X-Ray Well Child Exams	\$15 Copayment Covered in full \$15 Copayment \$15 Copayment Covered in full Covered in full, includes immunizations	80% after deductible Covered in full Not Covered Not Covered 80% after deductible 80% after deductible
Emergency Care Emergency Room Treatment	\$50 Copayment	
Substance Abuse- Inpatient Detoxification & Rehabilitation - 7 days max/yr detox, 30 days max/yr Rehab Outpatient Rehabilitation - 60 visits max/yr	(Pre-Authorization Required) Covered in full Covered in full	(Pre-Authorization Required) 80% after deductible 80% after deductible
Mental Health- Mental Health Inpatient Facility 30 days max/ year Mental Health In-Patient Physician, 30 visit max./ year Mental Health Physician , Out Patient 30 visit max./ year	(Pre-Authorization Required) Covered in full Covered in full 1 – 24v \$20 Copayment, 25 – 30v \$40 Copayment	(Pre-Authorization Required) 80% after deductible 80% after deductible 50% after deductible
ANCILLARY SERVICES		
Retail Prescriptions through participating Medco Pharmacies – 30 day supply	\$50 Individual / \$100 Family Deductible \$10 Generic / \$15 Name Brand / \$25 Non-formulary	
Mail Order Prescriptions through Medco - 90 day supply	\$10 Generic / \$15 Name Brand / \$25 Non-formulary (Deductible Waived)	
Durable Medical Equipment	\$15 Copayment	80% after deductible
Chiropractic Care	\$15 Copayment	80% after deductible
Ambulance Service (medically necessary)	\$50 Copayment	
Physical Therapy - 90 treatments per year	\$15 Copayment	80% after deductible
Home Health Care / Nursing Services - 40 visits per year	Covered in full	Covered in full
Skilled Nursing Facility (post hospital) Limited to 200 days per calendar yr max	Covered in full	Covered in full
Hospice Care- Limited to 210 days. Must be precertified.	Covered in full	Covered in full
Dependent Child Coverage	Unmarried Dependent Children under 19 and Unmarried Dependent Children under 25 who are Full-Time Students at an Accredited Institution.	

Vision and Dental Benefits Reverse Side >



Marist College
Vision and Dental
 Schedule of Benefits effective 01/01/08

Vision Benefits

VISION SERVICES	IN-NETWORK	OUT-OF-NETWORK
Routine eye exams - every 24 months	\$15 Copayment	\$38 maximum
Frames / Lenses – every 24 months	Single-vision \$40 Bi-focal - \$61 Tri-focal - \$73 Veraflex - \$73	Frames - \$50 Contact Lenses - \$88

Dental Benefits

DENTAL SERVICES	
Annual Dental Deductible	Type II and III Services: \$50 per covered Member. After the total of Deductibles made by you and family reaches \$150 in a Calendar Year, no one in your family will have to make any more Deductible payments for the Calendar Year. A separate \$50 deductible applies to Orthodontic Services per lifetime per covered dependent under age 19.
Annual Maximum Benefits for Type I, II, and III Services	\$2,000 per Member
Preventive & Diagnostic Dental Services (Type I Services)	100% of Allowable Charges, not subject to Deductible (routine oral exams, cleaning and scaling of teeth, fluoride, x-rays)
Basic Dental Services (Type II Services)	80% of Allowable Charges (fillings, restorations, endodontic treatment, extractions)
Major Dental Services (Type III Services)	50% of Allowable Charges (crowns, inlays, onlays, dentures, bridges)
Orthodontic Services (Type IV Services)	50% of Allowable Charges after \$50 lifetime deductible. Maximum lifetime benefit of \$2000 per dependent child under age 19.
Dependent Child Coverage	Unmarried Dependent Children under age 19 and College Age Students under 25